July-August, 1966 MEDICAL MISSIONARY

NATION

Nations are born of the commitment of men to their mutual good, of men's conviction that their lives and destinies and possibilities are linked. One's country is at once one's neighbor and oneself. A man's heart tells him to love it as himself, and to serve it from the depths of his own passionate desire for fulness of life. Love for country grows best in the climate of love for God and for the whole human family. It is wide love that prompts participation in a nation's constructive efforts. Within his political community, a man can be an active artisan of peace. There he can learn to harmonize his own interests with the needs of others, to widen his awareness and concern for his fellows, to foster the growth of human freedom and responsibility, and to collaborate in the work of serving all. These are the things that weld a nation and a world together. Among nations, it is the one that is most the servant of all the others, that is the greatest.

□ by SISTER M. LAWRENCE

Designed by Madden, Barron & Barron

MEDICAL MISSIONARY

VOLUME 40 • NUMBER 4 • July-August 1966

Published by MEDICAL MISSION SISTERS • PHILA., PA. 19111 •

NATION ..... 97 Editorial
NEW DIRECTIONS ..... 99 by Mother Miriam
TAKE ONE GIANT STEP .....101 by Sister M. Juanita
INDIA REPORTS .....104 by Sister M. Angelica
KINDNESS IN RETURN .....108 by Sister Bernadette Marie
VIETNAM 110
AUSTRIA REMEMBERS .....112 by Sister M. Richard
PHILIPPINES 115
GHANA 116
MALAWI 117
KENYA 118
SHAKEN BUT STANDING 119
CONGO 120
INDONESIA 121
A MISSIONARY'S LIFE IS PEOPLED WITH GIFTS .....122 by Sister M. Pierre
HIGHLIGHTS AND INSIGHTS 126

Editorial Board: Sister M. Pierre, Sister Miriam Therese, Sister M. Lawrence, Sister M. Richard
Art Director: Michael C. Louridas; Business: Sister M. Brian
Photography: John L. Alexandrowicz
Art Credit: Inside Back Cover, Sister M. Eloyse

Cover: Beyond the ancient ruins surrounding the Qutab Minar lies the new Delhi, capital city of India.

The Medical Missionary is published bi-monthly with ecclesiastical approbation by the Society of Catholic Medical Missionaries, Inc. Subscription: 1 Yr. $2.00; 2 Yrs. $3.00 2nd Class postage paid at Phila., Pa. Form 3579 Medical Mission Sisters, Philadelphia, Pa. 19111

Mother Miriam, Provincial of the American Province.

NEW DIRECTIONS

By Mother Miriam

The Church, in nature and origin, is missionary. It is through her that the universal design of God for the salvation of all men is carried out.

Jesus Christ, the cornerstone of this Church, came "to bring good news to the poor, to heal the broken hearted . . . to give sight to the blind." It was His Spirit which "compelled" Peter and Paul, James and Thomas, Xavier and Isaac Jogues to publish the same good news in all parts of the earth. The thousands of missionaries working with almost every people of the world give solemn witness to the fact that the Spirit still urges. The Church has always been "on the go" but now missionaries are increasingly aware that the

tide of Vatican II is surely and quickly moving them to new values and fresh approaches.

One cannot read the Decree on the Missionary Activity of the Church without realizing the Church's acute anxiety for a changing world. It gives powerful evidence to her sincere desire that those who go to bring the Sacrament of Salvation should be attuned to the new tones and trends emanating from the developing nations. She reminds missionaries again that "missionary activity is closely bound up with human nature itself *and its aspirations.*"

These aspirations form the very soul of a nation and they must come from the hearts and minds of the people themselves if there is to be hope of their fulfillment. Only the developing nation can set and attain its own goals—and have them endure.

For centuries, missionaries have struggled to plant the Church and her works of mercy in all the world but they are aware now that what grows in America or Europe may soon wither in Asia, Africa, or South America. The Council has clearly indicated, that while doctrine remains firm, methods not only can but must vary. The seed for a new planting must be one that will "take"—and it necessarily varies from area to area.

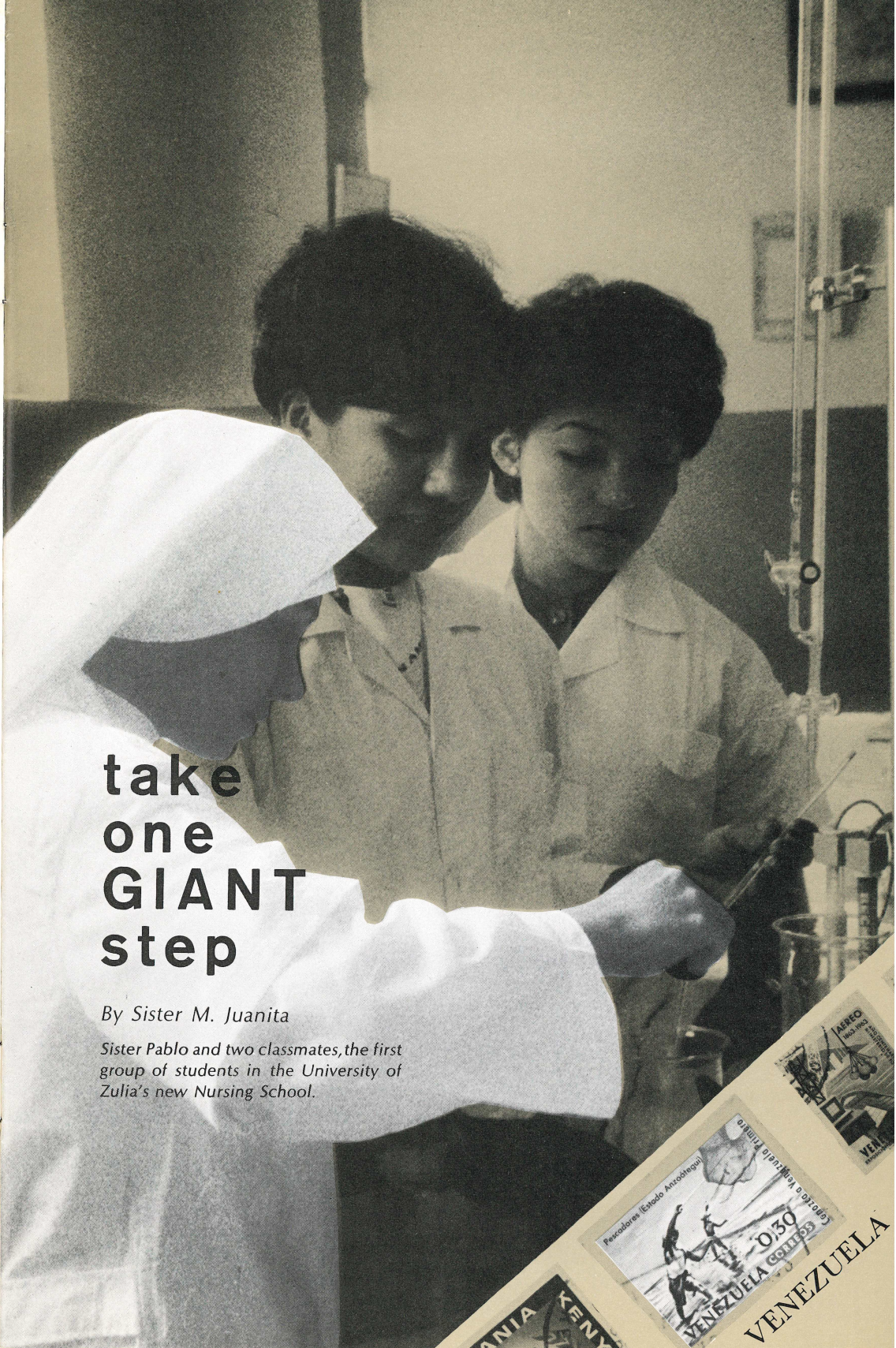
For medical missionaries, there are unlimited opportunities to collaborate with emerging nations in the aspect of their medical development. All nations see that lasting progress will not be possible if health standards are not improved at the same rate as education, industry, and the other social factors.

Without exception, these countries have set up long-range health programs and have budgeted considerable funds for this purpose. However, progress is slow because they are suffering from acute shortages of medically trained personnel. India has one doctor for every 6,000 people; Ghana has one nurse for 4,000 people; most countries of South America do not have schools for X-ray technicians. Trained teachers for schools of nursing are hard to find everywhere.

In certain areas, such as South America, the government supported health programs in each country are slowly trying to provide care for the entire population. As these plans develop, the possibility of private hospitals becomes more remote.

This type of development brings unprecedented opportunities to medical missionaries for working along with and incorporating themselves into these vast new programs. When standards are being set and goals defined, the Christian influence must not be missing. The minutes of a national health meeting in Ghana recently stated: "The hospital missionaries must come out of their ivory towers." To hold to a ghetto mentality now would be a great shame and a failure to acknowledge mutual needs—our need to be included in the over-all health programs in the developing nations and their desire for trained collaborators.

In this issue of the MEDICAL MISSIONARY, we trace the steps of Medical Mission Sisters from America, Holland, England, the Philippines, India, as they bring their gifts of healing to the many nations of the world.



take one GIANT step

By Sister M. Juanita

Sister Pablo and two classmates, the first group of students in the University of Zulia's new Nursing School.

On January 19, 1966, the governing body of the University of Zulia approved the creation of the first university program in nursing in Venezuela.

There is a long story behind that simple statement—the account of giant strides made by the nursing profession in a country where less than 20 years ago a young woman could enter nursing with only a fourth grade education. The advances are typical of a country whose educators are striving to keep up with its rapidly developing scientific and technological progress.

The University of Zulia in Maracaibo represents the institution of higher learning of Zulia State. This state is the center of petroleum production for the whole of Venezuela. While the population in the rest of Venezuela increases at the rate of 3.4%, that of Zulia is increasing at the rate of 5%. In a country where 55.4% of the population are under 20 years, this poses serious problems in the realms of health and education.

Knowing that it is up to the University to form the leaders who will teach, govern and heal the people of Venezuela, the University authorities have given serious attention to these problems. They have taken steps destined to diversify the educational opportunities available and prepare the professional and technological personnel the country needs to continue its growth.

With this in mind, the faculty of the Medical School of the University of Zulia studied the medical needs in Venezuela. While most of the western world has a ratio of two nurses for every doctor, it was discovered that doctors outnumber nurses in Venezuela, two to one. At present there is an urgent need for 12,000 nurses to serve the existing health facilities. These facilities are being increased every year, while only 200 nurses graduate during the same length of time.

It was decided that nursing must be given a new impetus and a professional status. Graduate nurses must not only be good clinical practitioners, they must also be able to teach and lead auxiliary personnel. The program would have a decided orientation to public health nursing and health education, with all that this implies in terms of preventive medicine and the helping of the family.

Early in the planning process of the University of Zulia nursing program, the dean of the School of Medicine asked the cooperation of the Medical Mission Sisters in Maracaibo. He wanted them to

help outline a program which would assure the objectives agreed upon and an education equal in depth, intensity and discipline to other university programs. The dean of the School of Nursing of the University of San Francisco was invited to Venezuela for the initial planning and continues to serve as consultant for the program.

After studying baccalaureate nursing programs existent in other countries of North and South America, the curriculum was decided upon. The program will be of four years duration leading to the degree of *Licenciado* or Bachelor of Science in Nursing.

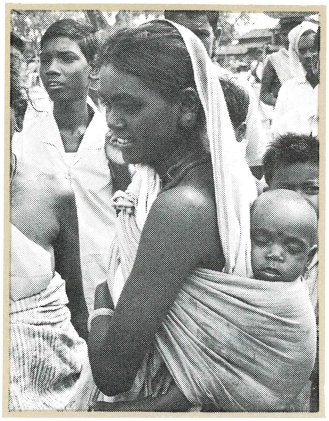
Sister M. Juanita from the staff of Our Lady of Coromoto Hospital was appointed head of the Department of Nursing and coordinator with the rest of the faculty of the School of Medicine. Sister M. Gabriel, also from Coromoto Hospital, was asked to teach the nursing courses in the new program. The other professors are doctors from the faculty of medicine.

The new nursing school accepts both boys and girls with a full secondary education. The first class enrolled in February of this year, has nineteen students, among them four Religious Sisters, and six boys and nine girls, married and single.

In her book, *Educational Revolution in Nursing,* Martha E. Rogers describes the professional practitioner in this way:

> (She) will possess the knowledge and skills necessary to work in many settings: home, school, industry, hospital, convalescent home and others. She will be knowledgeably oriented to promoting health, preventing disease, making nursing diagnoses, and determining and implementing measures for the cure and rehabilitation of the ill and disabled. She will work effectively in a peer relationship with other disciplines and will seek the guidance and judgment of qualified persons in her own field. She will be self-directing and will assume appropriate responsibility for guiding the work of technical and vocational practitioners.

The University of Zulia is determined to form this "new nurse" to serve Venezuela.



Adibasi woman and child. Holy Family Hospital, Mandar, stands in the midst of these village people.

"If one looks behind the figures and statistics one sees:

"...a long procession of men, women and children who have been cured, relieved or helped in some way or other—comforted and strengthened in soul and body by the living witness of selfless love and devoted care.

"...our co-workers of many kinds and nations—quite a little army by now—who have a large and valuable part in the work and who, I hope, profit from the atmosphere of their surroundings.

"...with special delight, our students preparing to play a constructive role in the up-building of their countries.

"...and last, but not least our Sisters—those on the front and those behind the lines—living daily dedicated and apostolic lives in the service of God and suffering humanity."

Mother Anna Dengel
Summer, 1966

A demonstration of mouth to mouth breathing at Holy Family Hospital's Nursing School in Patna.

India REPORTS

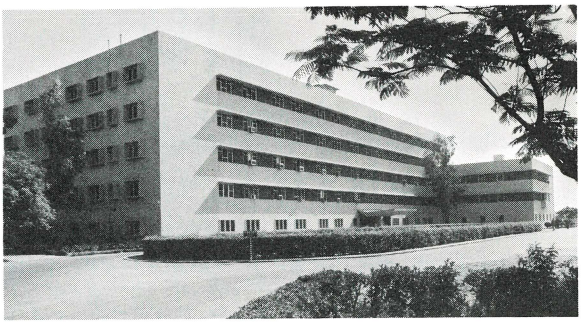
By Sister M. Angelica

Year-end reports come to Mother Dengel from all around the world, reports like the following one from India, where numbers are tallied to give one dimension of the Medical Mission Sisters' apostolic efforts during the year.

More than 200,000 patients were given professional medical care by the Sisters and their staffs in the seven hospitals in India last year. The hospitals and centers are located in New Delhi, Patna, Mandar, Kodarma, Poona, Bombay and Thuruthipuram. The report by Sister M. Caroline, Regional Superior for North India, indicates 215,921 patients treated . . . an increase of 20,000 over the previous year's figures. A total of 6,096 operations both major and minor were performed and 4,030 babies were born in Holy Family Hospitals throughout the region, while 311 young Indian men and women were given the opportunity to study nursing, midwifery, laboratory technology, X-ray technology and pharmacy under the Sisters' direction.

The oldest Holy Family Hospital conducted by the Medical Mission Sisters in India celebrated its Silver Jubilee last year. Since its opening in 1940, Holy Family Hospital, in Patna City and in its more recent location at Kurji, has served over one million patients. 32,000 operations have been performed and 18,000 babies born there. 546 nurses have graduated from the school of nursing. Holy Family Hospital Training School, established 25 years ago, was the first Catholic training school for nurses in India. A 200-bed hospital, it is the largest Catholic hospital in the Bihar district and the only one that admits male nursing students. Last year the school of nursing numbered 127 students. Many of Patna's nurse graduates are Religious and are now staffing hospitals for their own communities in other parts of India; other graduates are in government employ; others again in private nursing homes. All are very much in demand because of the high standards of the school.

Of all the hospitals run by the Medical Mission Sisters in India, the report pointed out that the A.A.J.M. Hospital in Thuruthipuram, Kerala, served the largest number of out-patients this past year. The hospital serves a medi-



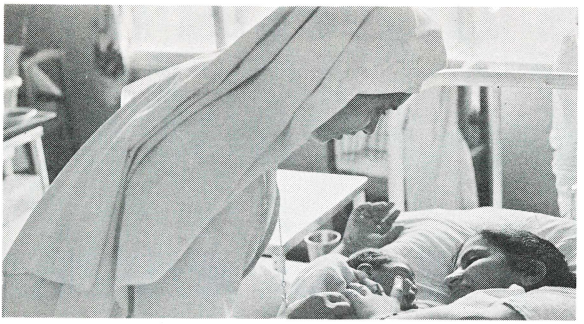
Holy Family Hospital, New Delhi.

Sister Michael Ann works with a student laboratory technician at HFH, New Delhi.

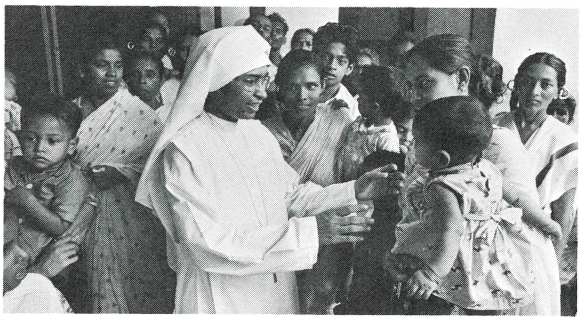
cally needy area of farmers and fishermen. The nearest well-equipped hospital is 31 miles away. The past year, through the help of Misereor (a foreign aid program established by the Bishops of Germany), the Sisters were able to extend their services still further with the opening of a new and larger out-patient department.

Holy Family Hospital, Mandar, a 160-bed structure 17 miles west of Ranchi, is a typical village hospital. It has served the sick and poor among the tribal areas for the last 19 years. Although it is off the beaten track, last year over 13,000 patients came looking for medical and surgical care. The majority of the patients are farmers who live on a season to season basis. Training local girls as nurses has been part and parcel of Holy Family Hospital's program from its very beginning. The Nursing School in Mandar is about to open a new residence which will accommodate a total of 132 nurses.

In contrast to the Mandar hospital, New Delhi's Holy Family Hospital is situated on the outskirts of the capital city. A modern, five storey, 150-bed building, it has all the savor of a big city hospital, but also cares for the sick and needy of five outlying villages as well. Here, four Sister doctors—an Indian, a Filipina and two Americans who are specialists in pathology, anesthesia, obstetrics and gynecology — work side by side with other Indian specialists. Last year, the first year of a new medical program leading to a Master's Degree in Medicine was added to the Housemanship Program for young Indian doctors. The hospital's training program, however,



Sister M.F. Antoinette helps a new mother and child get acquainted at Holy Family Hospital, Bombay.



Sister M. F. Rose Clare meets the patients behind the statistics at Thuruthipuram's Out-Patient Department.

reaches out much further than the doctors. It includes a school of nursing, school of midwifery, a two-year program for laboratory technicians and X-ray technicians and a three-month course to train nurse supervisors in conjunction with the New Delhi College of Nursing. Holy Family Hospital's schools for X-ray and medical technology are accredited by the Punjab Medical Council and are the only Catholic ones in the country.

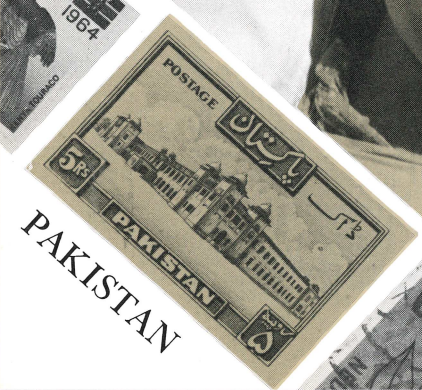
India's priority rating to public health work in its Five-Year Plans shows the urgency with which the Government views health improvement among its 480 million people. At Holy Family Hospital, New Delhi, home visits, rural dispensaries, domiciliary midwifery and health education in local schools are all part of an integrated public health program. The villages round about are all visited regularly by a team of graduate and student nurse-midwives under the close supervision of a Sister-doctor.

Another Holy Family Hospital in Bandra, a suburb of Bombay, is primarily a maternity hospital. The report from there indicates that in the past five years they have graduated 34 students from their school of midwifery. The school is now accredited for a quota of 12 students. Since its opening the need for a larger general hospital has been felt. At present there are plans for a larger hospital with a nursing school attached.

This survey is a brief glance at the Medical Mission Sisters' gift to a nation. Compared to the need, it is only a small gift, but each hospital stands as a relevant sign of healing and of hope, a sign of authentic love for the people.

kindness in return

Sister Bernadette Marie chats with some of her Kashmiri friends near Holy Family Hospital, Rawalpindi.



PAKISTAN

By Sister Bernadette Marie

"See that building perched like a bird on the hill?" we asked an old lady letting her goats drink from the stream. "How long would it take us to get up there?" We—the nurses' aides, Sister Thomas Marie and I—were having an all-day picnic in Wah Gardens, near Rawalpindi, and we wanted to take a walk. Some of us felt adventurous, and thought we might make it to the top of that high lone hill and back before the day ended. It's a good thing we asked.

With great tact and courtesy, the old lady answered. "You are young and quick. You may get there soon. I see many people go up to the holy shrine. They stay the night and pass by here again the next day."

The aides understood right away that she was telling us it was farther than it looked. We thanked her for her advice and settled for a closer, lower hill.

Loquat trees lined the garden paths to the other hill, and the girls couldn't resist jumping up to get a few on the way. I wasn't surprised when the old gardener came running to stop them. But I was surprised ten minutes later when he came back with a cloth bag bulging with loquats. "Take these," he said. "Those others on the trees weren't ripe."

"See how good our Punjabi people are?" remarked one of the girls in candid admiration.

When we had scrambled to the top of the hill, we sat on the rocks to rest and enjoy the view. We could just see the rooftops of the old city of Wah, dark with age. Everything was old except us. Wah Gardens was a summer residence for the 16th Century Moghul rulers. Traces of grandeur remained in the shady ruins. It was still a place of great natural beauty, with a clear deep stream that made trees and flowers thrive in the midst of the arid hills. We watched a turbaned shepherd stoop and enter a cave carved out of a nearby hillside. Later we went in to look, and found just a low-ceiling tunnel that must have been an animal shelter.

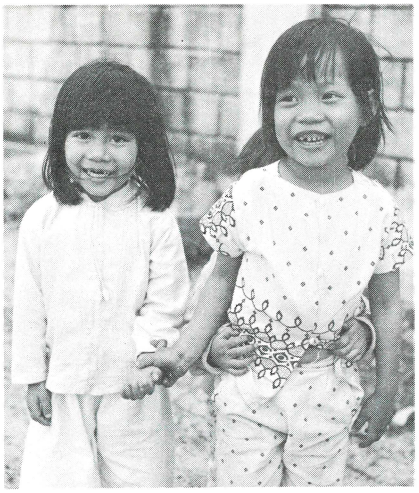
The sun was hot up there, so we came down before long. The sound of rushing water led us to a little grain mill. "Come in and see," invited a man, woman and two little girls. Spun by the dammed-up stream, a huge millstone was sifting corn onto a cone-shaped heap. The family urged us to sit down and visit, and offered us fruit. "You are warm and tired," the woman said. "Before you go, you must dangle your feet in the stream," and she showed us flat rocks at the water's edge where we could sit.

"These are our people, this is Pakistan . . ." I wasn't very talkative when we rejoined the rest of the group. I was thinking. I was surrounded by girls of Pakistan who were learning from us how to help their people in sickness. And I was overwhelmed by the deep goodness of these people. It was almost too wonderful to take in on a hot summer afternoon after an hour's walk.

And more was to come. On the way home we were the only passengers on the bus. The driver, hearing that we were on a picnic from Holy Family, wanted to do his share to make our day complete. He made two special stops for us, waiting while we went through the new pink mosque in Wah and again while we examined Akbar's Well, with its thousand steps down from the ground.

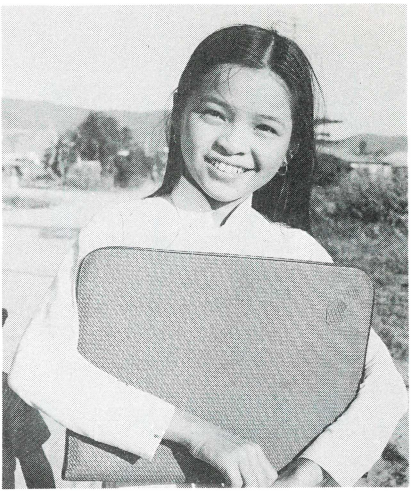
Everybody was grateful. The aides thanked us for a nice day. We thanked them for their company. And in our hearts we thanked God for bringing us to Pakistan.

When the laughter of children . . .



has turned into fever and fear . . .

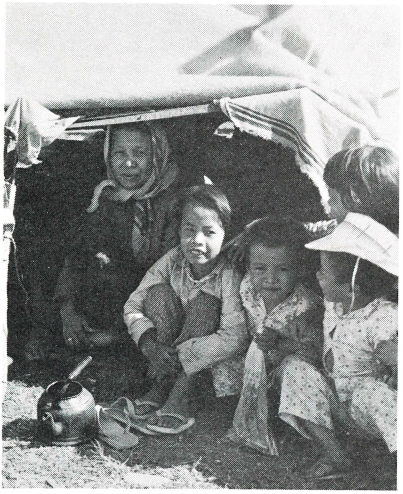
When, in spite of war,



young girls are waiting . . .

for the opportunity to be trained . . .

When refugees in the camp across



the street from Holy Family Hospital . . .

struggle each day for just enough

food to eat, a rag to put on . . .

THEN THERE IS EVERY REASON FOR THE MEDICAL MISSION SISTERS TO BE IN VIETNAM!

Last year the Medical Mission Sisters cared for 30,000 Vietnamese men, women and children. An influx of refugees—23,000 are camped in Quinhon—has added urgency to the hospital's need to expand. The construction of a new wing which will double the bed capacity has been interrupted countless times and held up because of the difficulty of transporting building supplies through the VC-infested areas between Saigon and Quinhon. However, the building operation DOES continue . . . the nurses' training program WILL get underway this year . . . the sick ARE being brought healing and hope.

THERE IS EVERY REASON FOR THE MEDICAL MISSION SISTERS TO BE IN VIETNAM!

Austria Remembers

By Sister M. Richard

Mother Anna Dengel receives the highest award the Tyrol has to offer.

It has been fifty-four years since Anna Dengel lived in Austria, the land of her birth. Since that time a number of nations have claimed her attention, her loyalty, been the scene of her activities, the object of her prayers and the goal of her endeavors.

Ireland influenced her life during medical school days, England too played its part when she practiced there. India, the land of her desires, was the country that changed the course of her life and gave the immediate impetus for the foundation of her Society of Medical Mission Sisters. The United

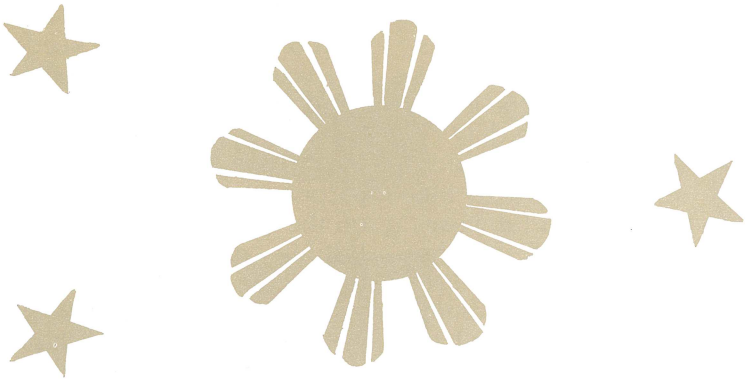
States provided the proper soil for a fruitful beginning and a continued growth of the community. Holland, a small land that has contributed a large number of members to the Society; Germany, the latest center for training Medical Mission Sisters; and Italy, the location of the Generalate—each of these countries has played a major role in Mother Dengel's life. But how very important to her are the nations of Pakistan, Venezuela, Ghana, Indonesia, Uganda, Malawi, Kenya, Congo, South Africa, Jordan, Vietnam and the Philippines. Each of these countries is very real to Mother Dengel who has visited and revisited them, studied their problems, understood their needs, envisioned their future and taken their people to her heart.

It is fifty-four years and many countries ago between Austria and Mother Dengel, but Austria remembered. On May 23rd, at a public plenary session of the parliament of the Tyrol, government officials gave Mother Anna Dengel the highest award the region has to give, the *"Ehrenring"*, the ring of honor. No more than 15 living persons may be in possession of the *"Ehrenring."* After the death of one so honored, a vote is taken to determine the next most worthy recipient. The ring is a symbol of the strong ties that these individuals have with the land of their birth, its rich tradition and its deeply Christian spirit. The *"Ehrenring"* was awarded to Mother Dengel in recognition and in gratitude for all that she has done for suffering humanity personally and through the instrumentality of the religious community which she founded. At the presentation of the honor ring, the President of the Tyrol, Doctor Lugger, cited Mother Dengel's life and work and remarked that she is considered one of the most successful of Austrian women and that her work is thoroughly imbued with a living spirit of its Christian tradition. "The Tyrol," he said, "is proud of you."

Mother Dengel has received many awards in her life. Marquette University conferred the honorary degree of Doctor of Science upon her in 1955. The Governor of the State of Pennsylvania honored her as a Distinguished Daughter of Pennsylvania in 1958. She has received the Poverello Medal from the College of Steubenville, Ohio, and the Laetare Medal from the Boston Archdiocese St. Luke's Guild. Mother Dengel was admitted as an honorary fellow of the International College of Surgeons and she has been cited by the United States Congress in their Congressional Record. The litany of awards could go on. Many of them are important recognitions, but the *"Ehrening"* presented by the officials of her own country is perhaps the most dear to Mother Dengel. She is a cosmopolitan citizen, a world traveler, familiar with many nations around the globe, but she is ever Anna Dengel of the Austrian Tyrol.

A few months ago, while reviewing the annual report of the community's medical mission work, Mother Dengel could say of the Society: "In spite of our inevitable human shortcomings, we must thank God for having blessed our efforts so evidently again and for allowing us to continue to be instruments of His compassion and merciful love."

This issue of the MEDICAL MISSIONARY with its accent on nations and the building of world peace, and with its illustrations of the work of the Society in many lands, has a direct connection with the life, love, labor and vision of an Austrian woman who is, in truth, a Daughter of the Church.



There is a tiny island near Borneo called Bongao, part of the Philippine Islands. It is the second to the last stop for inter-island steamers, and you can expect to wait two months for a shipment to come from Manila. The nearest hospital is fifty miles away.

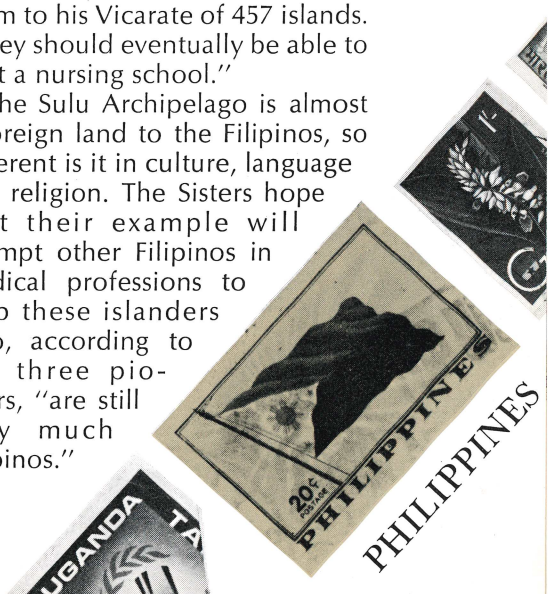
When the Medical Mission Sisters decided to start a hospital for the islanders on Bongao, Filipinos said, "Why do you have to go there? It is dangerous. Let the government take care of them." It *has* at times proven dangerous for Christians to live there. 95% of the residents of the Sulu islands are *Moros,* Muslims who have associated Christianity with conquest since the days of Spanish rule. Christian towns along the coasts were often harassed by Moros who resisted conquest.

"But we are missionaries," replied the Filipinos who are Medical Mission Sisters. And three arrived on Bongao on May 9th, coming from the Society's center house in Lipa City. They arrived with plans to open a dispensary first, then a hospital.

"We are quite at home," they wrote on May 24th. "We are settling down slowly in borrowed quarters and hope to start building within a week or so. In the meantime we have started home visiting by speedboat, learning three dialects and preparing a one-room dispensary . . . We thank you for all the prayers we know are backing us."

Bongao is only three miles by two-and-a-half in size, but attracts thousands of people as a trading center with a wharf. It is a natural place for a hospital. "And the Sisters will get plenty of local people to help them," says Bishop Francis J. McSorley, O.M.I., who invited them to his Vicarate of 457 islands. "They should eventually be able to start a nursing school."

The Sulu Archipelago is almost a foreign land to the Filipinos, so different is it in culture, language and religion. The Sisters hope that their example will prompt other Filipinos in medical professions to help these islanders who, according to the three pioneers, "are still very much Filipinos."

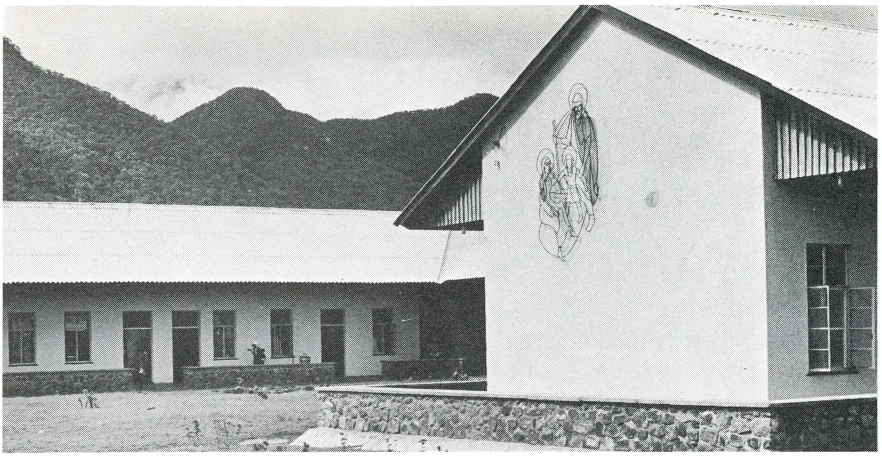


To be part and parcel of a young nation's efforts to build a meaningful life for itself and to do this amid all the complexities of the changing international scene is not only the privilege but the duty of today's missionaries. The Church must be a service-Church to the world. The potentialities for weaving medical mission work into the social fabric of Ghana was illustrated recently when Holy Family Hospital, Berekum, was asked to be responsible for training the midwives for the Brong-Ahafo region, one of the eight divisions in Ghana with over half a million people. The repercussions of the program will be felt in an even wider radius, however. After training, the nurses will eventually serve throughout Ghana, showing the type of concern for people which cements a nation together. Along with this request came another, that the Sisters expand their activities to include more supervision of the regional health centers set up by the government.

Another striking example of the kind of unified activity needed today was the Seventh International African Institute held in Accra, the capital. Sponsored by the Ford Foundation and hosted by the Department for the Study of Religions of the University of Ghana, the Institute drew participants from the various faiths in Africa as well as Europe and America. Ministers, priests, sociologists, and historians discussed "The Impact of Christianity on Tropical Africa." Two Medical Mission Sisters, one from Holy Family Hospital, Berekum, and the other from Kokofu Leprosarium, were privileged to attend. Of particular interest were the insights offered by the Africans on the contributions their people are able to make to Christianity and to the West.

There is a single destiny for all nations of the world. We share in it in so far as we help one another contribute to that destiny.

A Ghanaian student-midwife meets after class with Sister Rosemary.



Holy Family Hospital, Phalombe, Malawi, Africa, built at the foot of the Melanji mountains, looks quiet and peaceful until . . .

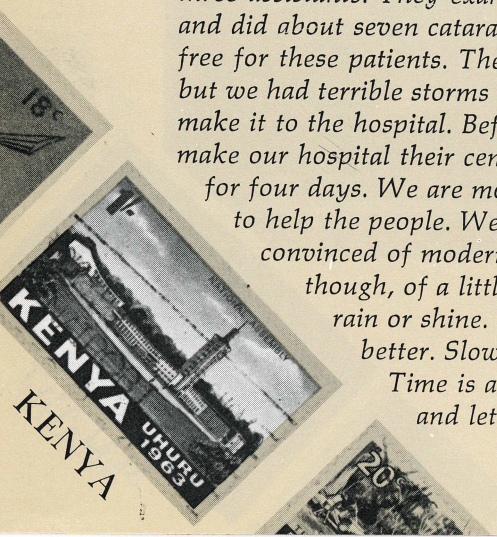
Tuesday morning well-baby clinic opens with a "bang"! Then, as many as 200 mothers with squirming babies line up on the hospital porch to wait their turn. Some of the tiny babies are almost completely hidden on their mothers' backs, while those a little older carry on with all manner of noise and nonsense. The babies are weighed, examined and if necessary, medicines are prescribed. The mothers get special advice about the feeding of the babies, especially during their first year. In 1965, close to 700 babies were delivered at the hospital and 60,000 patients given treatment.

Sister Patricia writes from Kenya —

. . . I'm here in Nangina seven months today and each day I could write a book. My latest accomplishment is that I have become a "ham" radio operator. The Flying Doctor Service, part of the African Medical Research Foundation, supplied us with a shortwave radio in conjunction with their program to aid remote hospitals. To qualify for the service you have to have a doctor on the staff and be at least 20 miles from telephone service. We are 23 miles from the nearest phone! One Sunday afternoon a nice young engineer turned up at the hospital with a radio for us. He installed it and showed me how to operate it. Every morning now I call into Foundation Control for any messages. Once we get our license I'll be able to contact the other missions on the circuit. That should prove interesting. The other part of the service is airplane service. We have an old air strip a half mile down the road that has to be fixed up. When that's done, if we need a team of doctors for some special surgery or have a critically ill patient that should be taken to Nairobi in a hurry, we call Foundation Control and the plane will solve all our problems. We haven't reached this stage yet, of course, but we're working toward it.

Had to make a night sick call trip last week. Altogether we saw three wild cats, one leopard and one snake along the way. I certainly have no desire for moonlight walks out here! At one point I had to get out of the Volkswagen to clear a long branch from across the road. It had rained earlier in the day and the mud was so thick and heavy I could hardly lift my feet. Trips like this make you realize what the people have to suffer just due to lack of means of transport. A woman was brought in yesterday afternoon on the back of a bicycle, from a village five miles away. She had been bitten by a snake. We did all we could for her medically but she died about four hours later.

Did I tell you we had an Eye Mobile Unit come for eye surgery? A government team goes around the country doing cataracts and entropion operations. They requested to come here for four days and we agreed. The team consisted of a British eye surgeon, an African technician and three assistants. They examined patients, lined them up for surgery and did about seven cataracts and ten entropions. We supply the beds free for these patients. The doctor was a bit disappointed at the number but we had terrible storms the day he was here. The people just couldn't make it to the hospital. Before leaving, the eye specialist asked if he could make our hospital their center for this area, coming every six months for four days. We are more than happy to have this added opportunity to help the people. We have a long way to go before they will be convinced of modern medicine. Our well-baby clinic is evidence, though, of a little progress. The women show up for this, rain or shine. If I could only hurry up and learn the language better. Slowly it's coming, but too slowly to satisfy me! Time is always at a minimum. Keep us in your prayers and let's hear from you soon.



Shaken but Standing

The news of the Uganda earthquake came to Sister Gregory while she was in Philadelphia on a six-month furlough. As administrator of Holy Family Hospital in Fort Portal, near the focal point of the disastrous earthquake in March, she too was a bit shaken.

The Cathedral of Fort Portal, just across the street, was destroyed. Sixty miles across the Mountains of the Moon in Bwamba, where the Sisters go regularly on medical "safaris," many people were injured and killed.

No one was injured at Holy Family Hospital, but bricks fell through ceilings, glass skylights shattered, walls cracked, plaster crumbled, and frightened patients fled the buildings.

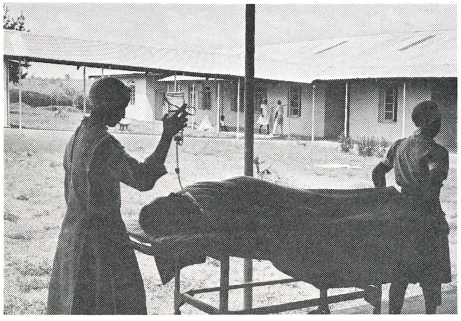
"Rumblings and quakes continued from 4:45 until almost 7:00 A.M.," Sister M. de Montfort wrote. "With daylight we were able to go through the different buildings and without exception all departments had damage — some more than others. Many walls look weakened and all walls have large cracks."

"Yes, we're insured," added Sister M. Gregory, M.D. "But the buildings are only mud-walled. It will cost a lot more to replace them with adequate materials."

It is a widespread belief among the people, the Sisters commented, that this earthquake is associated with the coronation of their Crown Prince, the *Omukama* of the Kingdom of Toro, on March 2nd. Toro's last earthquake was in 1929, the year the last *Omukama* was crowned.

The hospital is continuing to operate, despite the need for extensive replacement and repair. On April 15th the cornerstone was laid for a building to house the two-year-old school of nursing. The *Omukama,* present for the occasion, expressed his gratitude to all who have helped to make possible this first school of nursing in western Uganda.

A patient is wheeled from the operating room to the surgical ward at Holy Family Hospital, Fort Portal.

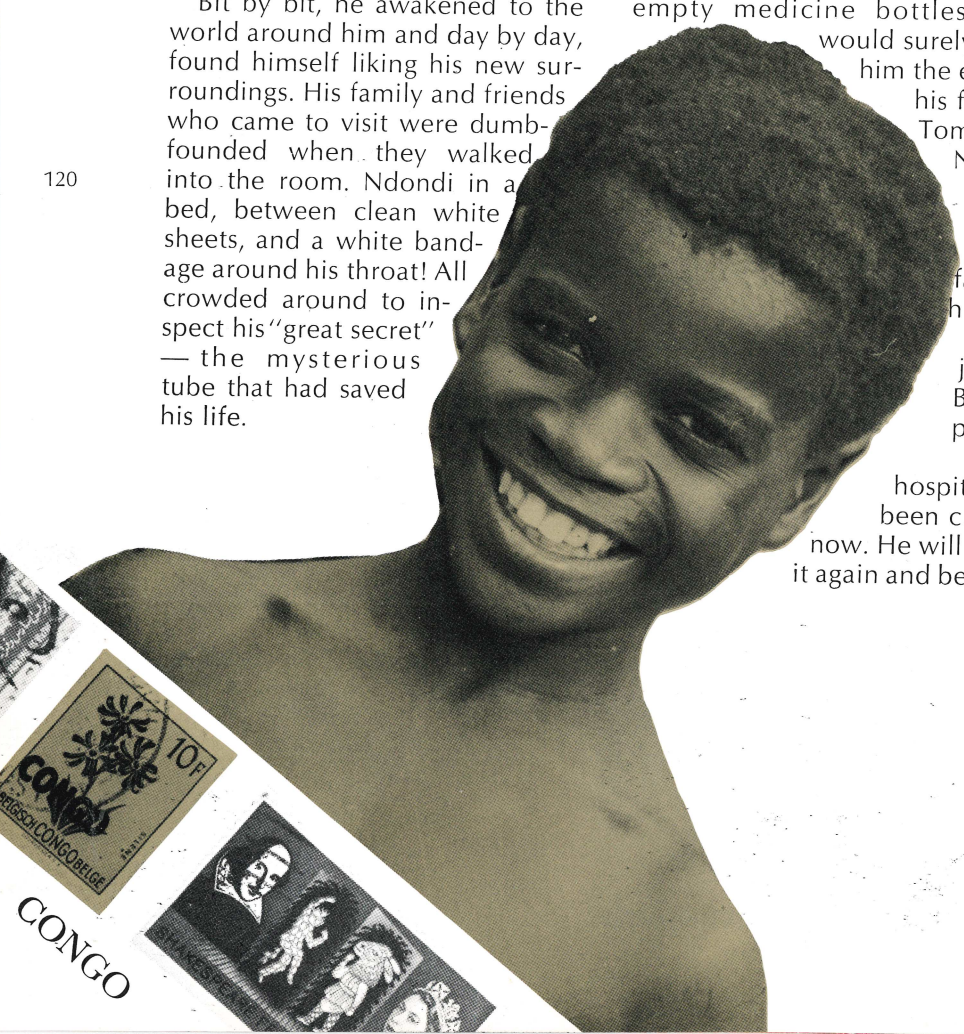


There can't be too many young boys like Ndondi in the Congo, a little "jungle kid," a pygmy, whose world has turned topsy-turvy since he became a patient in our hospital. A snake bite brought him in. It happened early in the day and within a few hours had caused paralysis of his throat muscles. Sister-doctor had to work quickly to insert a trachea-tube in order to relieve his labored breathing. This completed, Ndondi was carefully put to bed in a private room and kept under close watch.

Bit by bit, he awakened to the world around him and day by day, found himself liking his new surroundings. His family and friends who came to visit were dumbfounded when they walked into the room. Ndondi in a bed, between clean white sheets, and a white bandage around his throat! All crowded around to inspect his "great secret" — the mysterious tube that had saved his life.

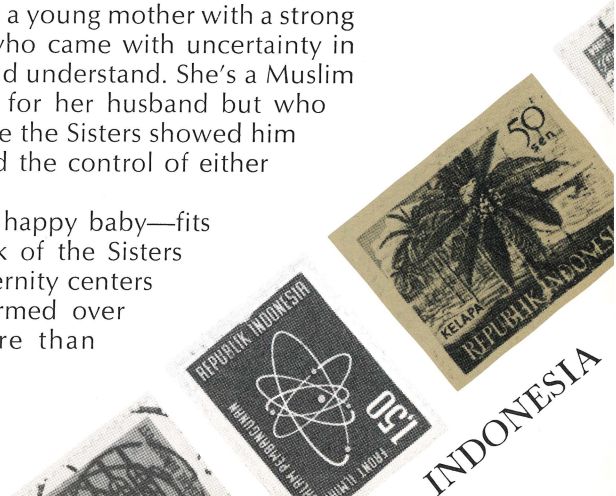
Ndondi became a friend and we delighted to watch his world enlarge. One day he asked for coffee in preference to the tea being served, this little "jungle kid" who never drank anything but water before he met us, and this, from either his hand or a tree leaf!

His bedside locker grew into a treasure chest as he added to it from day to day . . . tiny, well-shaped stones to aim at the birds, his bow and arrow, some string, a scrap of shiny paper. His eyes lit up when Sister offered him some empty medicine bottles. This would surely make him the envy of his friends. Tomorrow Ndondi goes home to his father's hut and the jungle. But the path to the hospital has been cleared now. He will travel it again and beyond.



Aisah could almost be called a symbol for the work of the Medical Mission Sisters in Indonesia. She's a young mother with a strong child in her arms. She's a woman who came with uncertainty in her heart and found Sisters who could understand. She's a Muslim who has never borne a male child for her husband but who remains confident of his love because the Sisters showed him that a newborn baby's sex is beyond the control of either husband or wife.

Aisah—with a broad smile and a happy baby—fits very well into the picture, the work of the Sisters with mothers and babies in five maternity centers in Indonesia. Last year, they performed over 5,500 deliveries and treated more than 130,000 out-patients.



A MISSIONARY'S LIFE IS...

I came back from Pakistan in the warm glow of victory. They had been seven "fat years," a rich diet of winning people, meaningful work in a world of need, the spice and charm of the East. I knew well why I had gone, what my living and loving in the heart of a Muslim world had meant. I knew also that neither time nor distance, not even an ocean between us, would change the "hoops of steel" that bound me to those people, to that place on earth.

I suppose I went wanting to love them, wanting to ease their burden if I could, wanting to discover the "who" in them. In the beginning I was so busy with all this wanting—wanting to discover, to serve, to make them laugh even—that I never noticed how much in loving, I was being loved; in serving, being served and in discovering, being discovered myself. It took time to find this out but at the end of seven years, I was beginning to catch on. I was beginning to see that each time I tried to enter inside an old Punjabi farmer's shoes to see what it felt like to have a whole

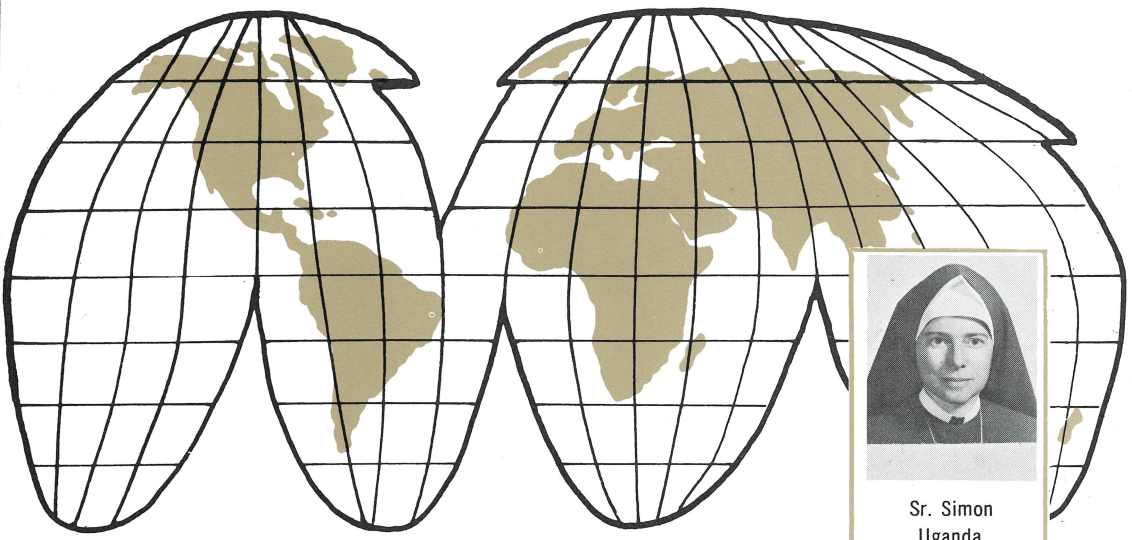
PEOPLED WITH GIFTS

By Sister M. Pierre

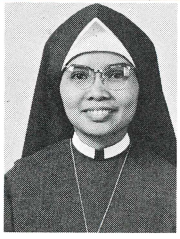
wheat crop spoiled because the monsoon rains failed, I grew better able to wear those shoes. And any time I really sat down to "talk it out" with a young Pakistani mother, tired and disillusioned with her role, it was I who came away eased in heart. I swapped language lessons with a little black-eyed Shaheen hospitalized for months with supporating TB glands, she, keen to learn English; I, to learn Urdu; and I emerged the winner in the exchange. I watched people praise their Allah in a strange posture and tongue and it was I who had to marvel at God's gifts to men. So much there was to receive from those people, the gift they made to me in just wanting to know who I was and why I had come and was I happy in their country—looking for bonds that could put a claim on me; so much there was to receive that when I was recalled to the United States after seven years, it was as one laden with treasures from afar. No need to tell me a missionary's life is giving. Rather, it is peopled with gifts.

TO THE NATIONS

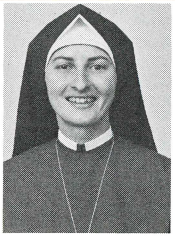
41 Sisters assigned overseas in 1966



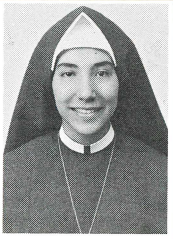
Sr. Simon
Uganda



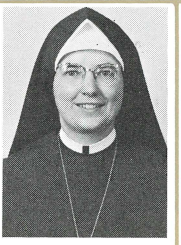
Sr. M. J. Adoracion
Philippines



Sr. Bertrand
India

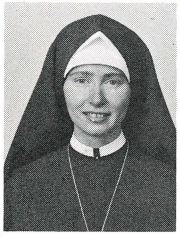


Sr. Mercy
Venezuela

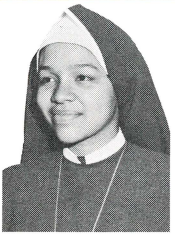


Sr. Robert
Ghana

Sr. M. F. Pauline
India



Sr. Jessica
Vietnam

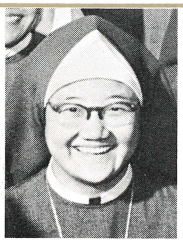


Sr. Ivan
Pakistan

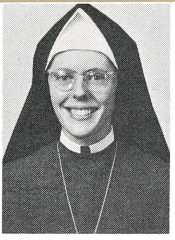
Sr. Gregory
Uganda

Sr. Assumpta
Venezuela

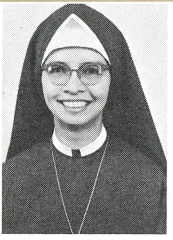
Sr. Carol
India



Sr. Francis Xavier
India

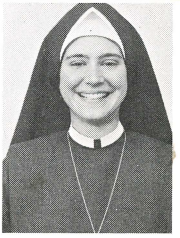


Sr. Brendan
Vietnam



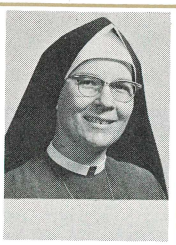
Sr. M. J. Laetitia
Philippines

Sr. Aidan
Ghana

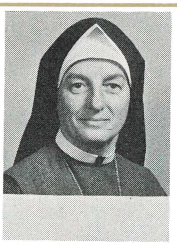


Sr. Otilia
Venezuela

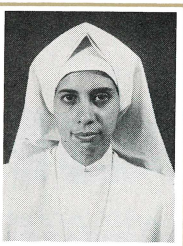
Sr. Susan
Venezuela



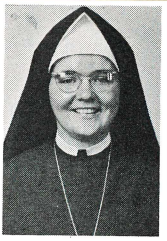
Sr. de Lellis
Ghana



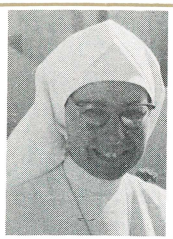
Sr. de Sales
Pakistan



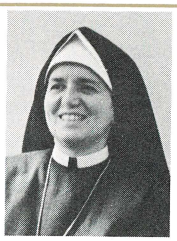
Sr. M. F. Antoinette
India



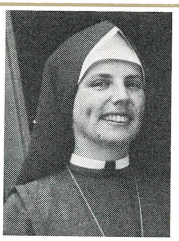
Sr. de Porres
Ghana



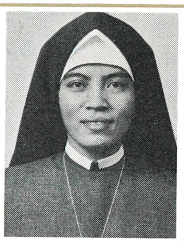
Sr. Victoria
Jordan



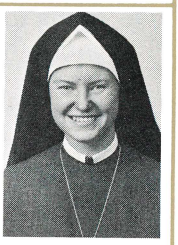
Sr. Frederic
India



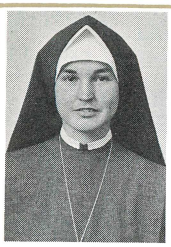
Sr. Kieran
Pakistan



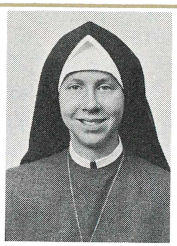
Sr. Angelina
Philippines



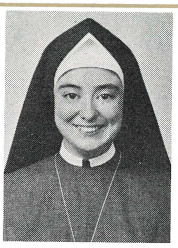
Sr. Evelyn
India



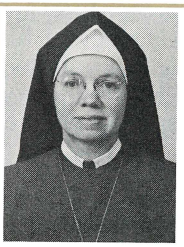
Sr. Brigetta
Pakistan



Sr. Leonard
Ghana

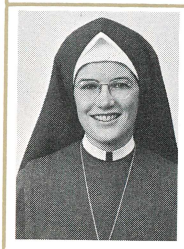


Sr. Bernardine
India



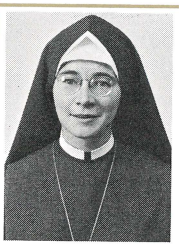
Sr. Jude
Pakistan

Sr. Theodore
Ghana

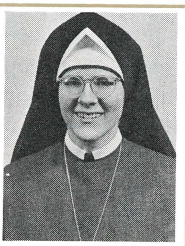


Sr. Nancy
Venezuela

Sr. Barbara Ann
India

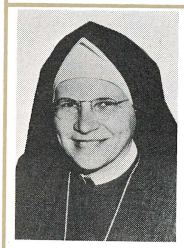


Sr. Helen Marie
Pakistan

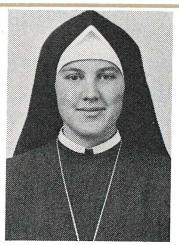


Sr. Marion
Venezuela

Sr. Sharon
India

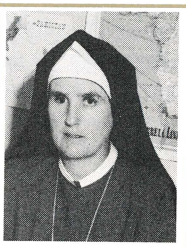


Sr. Benedict
Vietnam

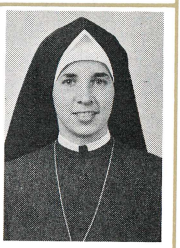


Sr. Rachel
Pakistan

Sr. Audrey
India



Sr. Angelica
India



Sr. Phyllis
Pakistan

HIGHLIGHTS

"There are many nations in the world like ourselves who have emerged into freedom and are trying to make that freedom a real and effective one. We wish to remove poverty, filth, disease, ignorance, illiteracy, etc., from the face of this country. It is essential for human nature, if it is to have the means or elementary needs and requirements met adequately. Man is a free being. He has the spirit in him which is able to stand up against the forces of nature, against the forces of history. It is by asserting our will, by overcoming difficulties that confront us that we will be able to build something for ourselves."

Dr. Radhakrishnan, President of India
INDIA NEWS, Jan. 15, 1965

"We need to be far more imaginative in showing that we regard the right of nations to govern themselves as only the first, essential but preliminary, step in creating the conditions in which nations can be truly free. But the next step is equally vital: to give concrete substance to the experience of national liberty and not permit it to become a time of lessening opportunity and hope. I have the impression that when we talk so confidently of liberty, we are unaware of the awful servitudes that are created by the ancient enemies of mankind: the servitude of poverty when means are so small that there is literally no choice at all; the servitude of ignorance when there are no perspectives to which the mind can open because there is no education on which the mind can begin to work; the servitude of ill-health which means that the expectation of life is almost too short to allow for any experiences of freedom, and the years that are lived are dragged out without the health and strength which are themselves a liberation."

Barbara Ward
THE RICH NATIONS AND THE POOR NATIONS. Norton: N.Y.

"Mushrooming city growth has produced the slums and shanty towns into which today one-third of the world's city-dwellers are herded under conditions inimical to health. Dr. M. G. Candau, Director-General of WHO, in a message on the occasion of World Health Day, says that the theme 'Man and His Cities' was chosen to draw attention to human needs, particularly mental health needs, in the complex urban settings of today, and to the contribution that health workers, in cooperation with other professional people, can make toward creating a more harmonious environment. Thirty million new dwellings are already needed in

& INSIGHTS

HIGHLIGHTS

the developed countries to ease the housing crisis. In the developing countries 150 million people urgently need rehousing. In Latin America, within 20 years, the population of Caracas, Venezuela, increased five-fold. In Asia, the population of Bombay is today three times what it was 20 years ago, while the populations of New Delhi, Karachi, and Peking have doubled."

WHO CHRONICLE
April, 1966

Twenty-one thousand tons of wheat—the equivalent of 420 boxcars — were shipped in May from Houston and are now en route to India. The wheat, made available by the U. S. government, is consigned to Catholic Relief Services and Church World Service. Markings on bags include the insignia of both organizations, the first time such a joint Roman Catholic-Protestant shipment has been made. After the grain arrives in Bombay, it will be distributed in five inland areas cut off from government help programs due to lack of roads and transportation. By ox cart, jeep, handpushed wagons or on foot, Catholic and Protestant churches will get the food to the people.

CROP, 1966
The Community Appeal of
CHURCH WORLD SERVICE

The American Medical Association's 115th Annual Convention in Chicago in June featured a series of programs of special interest to physicians working in the missionary field. The AMA Department of Medicine and Religion focused attention on the programs in recognition of the recent increased involvement of American physicians in world-wide humanitarian work. The interest in this work partially stems from the current, vigorous emphasis by U.S. religious groups on world health activities.

AMA NEWS
April, 1966

The number of trained nurses in Pakistan will go up to 7,000 by the end of 1970. At present, there are 3,940 nurses. At the time of independence, they numbered only 350.

PAKISTAN AFFAIRS
June, 1966

"The Church in this world is not an end in herself. She is at the service of all men. She must make Christ present to all, both to individuals and to peoples, as widely and as generously as possible. This is her mission. She is the bearer of love, the messenger of true peace."

Pope Paul VI

& INSIGHTS

Joy is like the Rain

Presenting the MEDICAL MISSION SISTERS' record of ORIGINAL SONGS written by Sister Miriam Therese

- JOY IS LIKE THE RAIN
- SPEAK TO ME, WIND
- THE WEDDING BANQUET
- ZACCHEUS
- IT'S A LONG ROAD TO FREEDOM
- PILGRIM SONG . . . and more folk music of our time . . . expressing man's search for PEACE, for JOY . . . his struggle, his suffering, his STRENGTH from GOD.

Ask for JOY IS LIKE THE RAIN at your local record shop or order directly from us.

MEDICAL MISSION SISTERS
Philadelphia, Pa. 19111

Please send me_____record album(s)
JOY IS LIKE THE RAIN

Enclosed_____Stereo ($4.95)
Enclosed_____Mono ($3.95)

We are sorry, but we are not equipped to handle billing. Please enclose payment with your order.

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

MARY leading each nation to God

Mr. & Mrs. Frank McGinnis
629 3rd Ave.
Troy, NY 12182

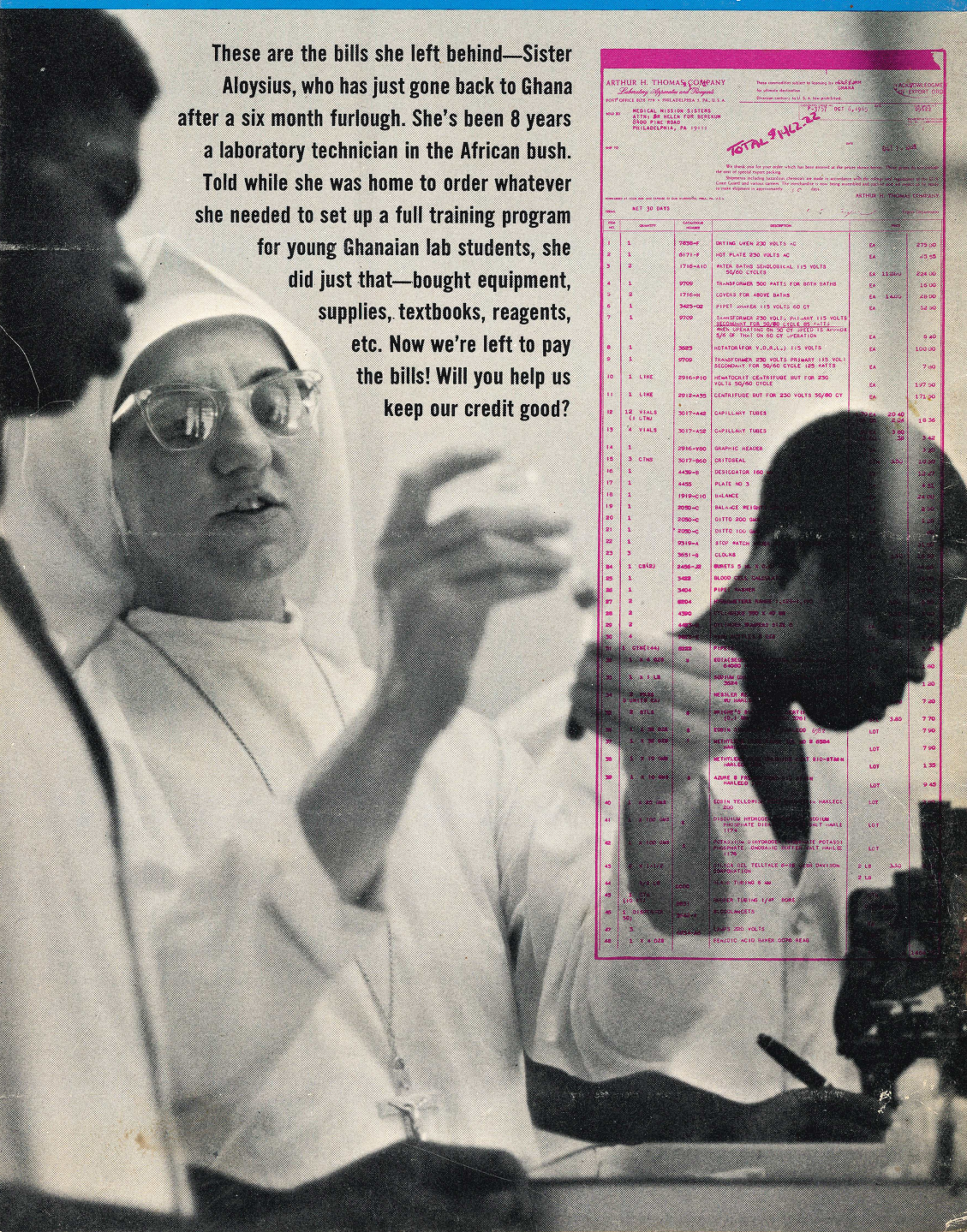
Here is my

$_____ contribution

to keep your credit good.

Signed_____

MEDICAL MISSION SISTERS ■ PHILADELPHIA, PENNA. 19111



These are the bills she left behind—Sister Aloysius, who has just gone back to Ghana after a six month furlough. She's been 8 years a laboratory technician in the African bush. Told while she was home to order whatever she needed to set up a full training program for young Ghanaian lab students, she did just that—bought equipment, supplies, textbooks, reagents, etc. Now we're left to pay the bills! Will you help us keep our credit good?

ARTHUR H. THOMAS COMPANY
Laboratory Apparatus and Reagents
P.O. BOX 779 • PHILADELPHIA, PA., U.S.A.

MEDICAL MISSION SISTERS
ATTN: SR HELEN FOR BERSKIN
5300 PINE ROAD
PHILADELPHIA, PA 19131

TOTAL $1462.22

NET 30 DAYS

ARTHUR H. THOMAS COMPANY